



Docket No. 742425-30
Serial No. 10/806,316
Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Motoki YOSHIDA et al.) Group Art Unit: 3612
Serial No. 10/806,316) Examiner: Hilary Gutman
Filed: March 23, 2004) Confirmation No. 1763
For: SIDE STRUCTURE OF VEHICLE) Date: June 15, 2005

CERTIFICATE OF MAILING OR TRANSMISSION
[37 CFR 1.8(a)]

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Signature: _____

Name: Jeannie Saxton

AMENDMENT AFTER FINAL REJECTION

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Commissioner for Patents
P.O. Box 1450
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Sir:

In response to the Office Action dated April 15, 2005, please amend the above identified application as follows.



AF/IFW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/806,316
		Filing Date	March 23, 2004
		First Named Inventor	Motoki YOSHIDA et al.
		Group Art Unit	3612
		Examiner Name	Hilary Gutman
Total Number of Pages in This Submission		Attorney Docket Number	742425-30

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 15, 2005

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